

Shipper's PAL Material Transmittal Form

FAX to: 573-526-5636 or EMAIL to: PAL@modot.mo.gov

For assistance call: 573-751-6735

Shipper Name:							
FAX Number:		Phone N	Phone Number:				
The following material will be shipped to the	e indicated project. T	The material meets F	AL requiremen	nts.			
Material (and Manufacturer if different than Shipper)	Brand Name (may not apply)	Contract No.	Line No.	Shipping Date	Quantity & Units	PAL Ident. No. (Entered by MoDOT)	
Name:	Email address:			For MoDOT Use Only:			
Signature:	Response Des		Authorized Date:				
Title:	Date:					Autho	